

1. Nature of Installation (please tick the appropriate box)	
New installation <input type="checkbox"/>	Existing Installation <input type="checkbox"/>

2. Premises at which the alarm is installed			
Address			Postcode
Occupant's name			

3. Person responsible for the alarm (the alarm-holder)			
Name			
Home Address			Postcode
Telephone			
Business Address			Postcode
Telephone			

4a. Nominated key-holder A			
Name			
Home Address			Postcode
Telephone			
Business Address			Postcode
Telephone			

4b. Nominated key-holder B			
Name			
Home Address			Postcode
Telephone			
Business Address			Postcode
Telephone			

- Unless otherwise requested, key-holder A will normally be contacted first
- Details of any additional key-holders should be added at the end of the form

5. Alarm owner (if different from 3 - e.g. a security company)			
Name			
Address			Postcode
Telephone			

6. Alarm maintenance contractor (if different from 5)			
Name			
Address			Postcode
Telephone			

7. Automatic cut-out device
An automatic cut-out device has been fitted to the system and is timed to stop the ringing of the audible alarm _____ minutes after it has commenced ringing.

As the person responsible for the audible alarm system installed at the premises indicated at (2) above, I wish to notify you that the names and addresses of my nominated key-holders are those shown at (4) above.			
Signature		Date	

Please send this form to:

Environmental Health Services
Epsom & Ewell Borough Council
 Town Hall, The Parade, Epsom,
 Surrey KT18 5BY

phone 01372 732000
fax 01372 732452
email contactus@epsom-ewell.gov.uk

This data will be managed securely and in compliance with Data Protection Principles and will only be processed in accordance with the service requirements for which it has been supplied.